PATENT APPLICATION FEE	DETERMINATION RECORD
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Effective October 1, 2000

CLAIMS AS FILED - PART I (Column 1) (Column 2)						_	SMALL ENTITY TYPE		OR	OTHER THAN OR SMALL ENTITY		
TOTAL CLAIMS		6					RATE	FEE		RATE	FEE	
FOR			NUMBER FILED		NUMBER EXTRA			BASIC FEE	355.00	OR	BASIC FEE	710.00
TOTAL CHARGEABLE CLAIMS 6 minu			us 20=	*	ϕ		X\$ 9=	 -	OR	X\$18=		
INDEPENDENT CLAIMS / minu			us 3 =) = * \$\phi\$			X40=	-	ÖR	X80=		
MULTIPLE DEPENDENT CLAIM PRESENT							+135=		OR	+270=		
* If the difference in column 1 is less than zero, enter "0" in column 2							TOTAL	355	OR	TOTAL		
CLAIMS AS AMENDED - PART II							CMALLE	ENTITY	OR	OTHER SMALL!		
		(Column 1) CLAIMS			mn 2) ⊣EST	(Column 3)		SMALLE		Un I I	OMACE:	
ENT A		REMAINING AFTER AMENDMENT		NUM PREVI	MBER OUSLY FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
NON	Total	*	Minus	**		=		X\$ 9=		OR	X\$18=	
AMENDMENT	Independent	*	Minus	***		=		X40=	ė.	OR	X80=	
	FIRST PRESE	NTATION OF M	ULTIPLE DEF	PENDEN	II CLAIM			+135=		OR	+270=	•
							TOTAL ADDIT. FEE		OR	TOTAL		
		(Column 1)		(Colu	ımn 2)	(Column 3)		ADDIT: I LL				
		CLAIMS	gament in a complete supplement day in the complete supplement of the compl	HIG	HEST	(Column o)	1		ADDI-	ì		ADDI-
ENT B		REMAINING AFTER AMENDMENT		PREV	MBER VIOUSLY D FOR	PRESENT EXTRA		RATE	TIONAL FEE		RATE	TIONAL FEE
AMENDMENT	Total	*	Minus	**		=		X\$ 9=		OR	X\$18=	
AME	Independent	*	Minus	***	IT OL AIM	= '	4	X40=		OR	X80=	
L	FIRST PRESE	NTATION OF M	OLTIPLE DEI	PENDEN	II CLAIM		J	+135=		OR	+270=	
								TOTAL ADDIT. FEE		OR	TOTAL ADDIT. FEE	
(Column 1) (Column 2) (Column 3)									- -		-	
ENT C		CLAIMS REMAINING AFTER AMENDMENT		HIC NU PRE	HEST MBER /IOUSLY D FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
NO NO	Total	*	Minus	**		=		X\$ 9=		OR	X\$18=	
AMENDMENT	Independent	*	Minus	***	NT OL AL	= []	_	X40=		OR	X80=	
	FIRST PRESE	ENTATION OF M	AULTIPLE DE	PENDE	NI CLAIN	1		+135=	·	OR	070	
	If the entry in colu	ımn 1 is less than	the entry in col	umn 2, w	rite "0" in c	olumn 3.		TOTAL		-	TOTA	
** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3." Th "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.												

Application or Docket Number